

Washington's Olmstead Plan

**Department of Social and Health Services
State of Washington**

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**STATE OF WASHINGTON
WASHINGTON’S OLMSTEAD PLAN**

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WASHINGTON'S OLMSTEAD PLAN

INTRODUCTION

Olmstead refers to a lawsuit brought against the state of Georgia by two people with disabilities in a state psychiatric hospital. They were approved for community placement but faced long waiting lists. The suit challenged their being placed in an institutional setting rather than in community-based treatment programs. The claims of the plaintiffs were upheld in lower courts and the state of Georgia ultimately appealed to the U.S. Supreme Court.

In June 1999, the Supreme Court upheld the lower courts decisions and ruled that, under Title II of the American Disabilities Act (ADA), states must place persons with disabilities in community settings rather than in institutions whenever:

- The state's treatment professionals determine it's appropriate;
- The individual doesn't oppose it; and
- The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities.

The Olmstead Decision does not require states to stop serving people in institutions if they are unable to handle or benefit from community settings.

The Court suggested that states demonstrate compliance with the ADA by showing that they have comprehensive and effective plans for placing qualified individuals with disabilities in less restrictive settings and waiting lists that move at a reasonable pace not controlled by the state's endeavors to keep its institutions fully populated.

INSTITUTIONS IN WASHINGTON STATE

Institution types and responsible agencies in the state of Washington include:

- State Psychiatric Hospitals – Mental Health Division, Department of Social and Health Services (DSHS)
- Residential Habilitation Centers – Developmental Disabilities, DSHS
- Nursing Facilities – Aging and Adult Services, DSHS
- State Veterans Homes – Department of Veterans Affairs
- Children's Behavioral Rehabilitation Group Homes – Children's Administration, DSHS

PLANNING

On March 27, 2000, Governor Gary Locke designated DSHS as the lead state agency for Olmstead planning in Washington State. Since DSHS has been emphasizing community

placement since 1990, Washington's Olmstead Plan is intended to be a living document, subject to continuous planning and change.

Initial planning activities included setting up the workgroup, meeting with consumers and stakeholders, assessing current policies and services, and developing budget requests for the 2001 - 2003 biennial budget. DSHS established an Olmstead Workgroup to coordinate planning and accelerate on-going processes and programs.

THE OLMSTEAD WORKGROUP

The Olmstead Workgroup is headed by the Washington State Olmstead Coordinator*, and includes representatives from the following DSHS programs:

- Aging and Disability Services Administration, including Aging and Adult and Developmental Disabilities
- Children's Administration
- Division of Alcohol and Substance Abuse
- Office of Indian Policy and Support Services
- Division of Access and Equal Opportunity
- Division of Vocational Rehabilitation
- Economic Services Administration
- Medical Assistance Administration
- Mental Health Division
- Budget & Finance Office
- Office of Research and Data Analysis.

Extended Workgroup partners include:

- Disability Initiative Advisory Committee
- The Attorney General's Office;
- The Department of Transportation;
- The Agency Council on Coordinated Transportation;
- The Office of Community Development; and
- The Department of Veteran's Affairs.

The DSHS Executive Cabinet serves as the Workgroup's Steering Committee.

The purpose of the Olmstead Workgroup is to further Washington State's response to the Olmstead decision by:

- Seeking and responding to input from consumers and stakeholders;
- Expediting and coordinating existing processes and programs;
- Proposing modifications or new processes, programs, or tools to expedite the appropriate placement of institutionalized persons in the community;
- Proposing tools and methods to better evaluate placement options; and
- Coordinating across agency lines to improve access to services and supports necessary for designated individuals to live successfully in the community.

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Workgroup activities focus on the population identified in the Olmstead decision, specifically people with disabilities who are:

- Currently in institutions, and:
 - Want to move to the most integrated settings; and
 - Can be appropriately served in the most integrated settings (according to state treatment professionals);
- At risk of inappropriate institutionalization (as demonstrated for a group by data showing inappropriate admissions to an institution).

COMMUNITY INTERACTION

The Disability Initiative Advisory Committee (DIAC) is the workgroup's conduit for public input. The DIAC provides comments and input, meets routinely with the Olmstead Coordinator, and initially hosted a community forum and a statewide videoconference to gather input for the Olmstead Plan.

In addition, the DIAC and the Olmstead Workgroup members participate in a variety of community meetings and receive input on a one-to-one basis via mail, email, telephone, FAX and TDD. They have advised on Plan updates and provided information on services and issues related to individuals with disabilities.

FISCAL YEAR 2001 – 2003 BIENNIAL BUDGET

A budget totaling \$16.3 million for direct Olmstead activities and an additional \$189.6 million in new funds for existing community programs was approved for Fiscal Year (FY) 2001 – 2003. Please see Appendix A for a description of the budget for direct Olmstead activities and budget items that are new funds for existing community living programs in Washington.

ABOUT THE OLMSTEAD PLAN

Washington's Olmstead Plan includes:

- An overview of current services and activities that further the intent of Olmstead, such as housing, transportation, integration, employment, and systems change initiatives;
- DSHS agency reports describing plans for implementing the activities that were funded in the budget; and activities that take place or begin during July 1, 2001 – June 30, 2003;
- Identification of activities, within the agency reports, to divert individuals from institutional admissions, transition individuals from institutions to community settings, and performance measures where applicable;
- Appendix A, Fiscal Year 2001 – 2003 Biennial Budget

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WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DSHS has a long-standing policy of emphasizing community services and reducing institutional services. DSHS served approximately 70,000 more people in the community and 9,000 fewer people in institutions in 1999 than in 1990, and continues to move in that direction.

OVERVIEW OF CURRENT SERVICES AND ACTIVITIES THAT FURTHER THE INTENT OF OLMSTEAD

HOUSING

Stakeholder Comments: *The workgroup has received more comments about housing than any other single topic. For example:*

- *The supply of safe, affordable housing is insufficient to meet the demand.*
- *Wheelchair accessible housing is difficult to find.*
- *The process of finding and securing housing is confusing and burdensome.*
- *People need a diversity of housing, including single-family, co-living arrangements, adult family homes, etc.*

- **Department Activities:** As people are increasingly served in the community, DSHS recognizes the need to collaborate with agencies, individuals and advocacy groups to link services with housing organizations. In order to address the need for linkages between housing and services, DSHS has:
 - Dedicated a portion of the Olmstead Coordinator's time to promote partnerships and act as a resource between housing and social services
 - Participated in ongoing housing policy discussions that affect affordability, availability, and access for individuals served by DSHS
 - Identified areas that DSHS staff currently work directly or indirectly with housing providers and organizations to build on existing efforts
 - Implemented an executive-level initiative called Integration, including No Wrong Door, to improve cross-system collaboration to achieve community living goals
 - Collaborated with other state and local partners to write the Washington State Homeless Families Plan and participated in a federally-sponsored Policy Academy to address issues for homeless families in Washington
 - Participated in multiple cross-system efforts to link services with housing organizations, including grant-writing opportunities

Some activities that DSHS is involved in that directly relate to housing:

Project Access – A Housing and Urban Development (HUD) demonstration project that is designed to provide rental assistance to people with disabilities who are able to move from nursing homes to community settings. HUD has distributed vouchers to local housing authorities that have agreed to be demonstration sites, where DSHS and local provider organizations collaborate to provide support services with housing.

Rural Continuum of Care McKinney Application – A competitive application, coordinated by the Office of Community Development (OCD), for HUD funding that requires community partnerships to strategize on a continuum of care to plan for the needs of the homeless in rural areas. DSHS staff serve on the State Rural Continuum of Care Steering Committee to improve coordination and advocacy for homeless programs and activities throughout the state and to compete for the HUD application process.

Housing Trust Fund – Washington State funds administered by OCD that provide housing assistance in the form of loans and grants to local communities serving very low-income individuals, low-income households, and populations with special needs. DSHS staff serve on the Policy Advisory Team to advise OCD on Housing Trust Fund issues and coordinate services and programs with housing providers throughout the state.

Coming Home Project – The Robert Wood Johnson (RWJ) Foundation awarded this three-year grant with a goal of building affordable assisted living facilities. Currently, the Aging and Disability Services Administration, DSHS, and the RWJ Coming Home Program are seeking partners to develop and operate assisted living facilities for low-income, frail seniors and adults with disabilities. The mission of the Program is to create assisted living facilities in smaller and rural communities where there is a particular need for affordable assisted living. Urban and suburban areas, which demonstrate a need for affordable assisted living, are also eligible for the program.

The Washington State Homeless Families Plan, 2003 – Partnering with the Department of Community, Trade and Economic Development and other state, tribal, and local participants, the Washington State Homeless Families Plan is currently being updated to reflect the most current coordinated and comprehensive approach to meeting the critical needs of homeless families with children.

TRANSPORTATION

Stakeholder Comments:

- *Transportation services are not adequate, and are crucial for people with disabilities to live successfully in the community.*
- *DSHS needs to support ACCT's recommendations on transportation.*

Department Activities (1): The Olmstead Workgroup will continue to coordinate with the Agency Council on Coordinated Transportation (ACCT) to improve transportation services that support community living.

Department Activities (2): DSHS administrations worked with partners to develop the Coordinated Special Needs Transportation Services, Administrative Policy No. 8.09. As required by RCW 47.06B.030 (5), the policy supports special needs coordinated transportation for people with disabilities. Administrations will work to see that DSHS clients have access to covered services through a coordinated transportation system. This is an ACCT recommendation.

EMPLOYMENT

A DSHS cross-agency workgroup has been working with multiple partners including the Social Security Administration and employment providers to plan for the implementation of the Ticket To Work and Work Incentives Improvement Act (TWWIIA) in Washington. The Division of Vocational Rehabilitation is leading the Ticket To Work effort.

The Medical Assistance Administration chose to implement the Medicaid Buy-In program to support the competitive employment of individuals with disabilities. Under the Healthcare for Workers with Disabilities (HWD), persons with disabilities are able to earn and save more money and purchase healthcare coverage for an amount based on a sliding income scale. The availability of HWD benefits enhances the ability of persons with disabilities to use the Ticket To Work to improve the quality of their lives.

INTEGRATION

DSHS has many programs and projects that provide coordination and/or collaborative client services that bring together partners from throughout the department, from other levels of government, and from non-government organizations.

DSHS has been building on those efforts with the No Wrong Door Initiative. This includes projects that coordinate services and share information for three specific groups who use multiple services: long term TANF families, individuals with multiple disabilities, and troubled children, youth and their families.

In order to successfully develop integration efforts and to maintain and build upon No Wrong Door, the broader Integration Initiative has been established. The goals of the Integration Initiative are to:

- Improve client outcomes and satisfaction
- Increase cost effectiveness of services, especially for high risk, high cost clients
- Improve community partnerships, including development of innovative pilot projects and models
- Increase employee satisfaction

A variety of strategies and projects are being implemented throughout the department to facilitate integration, including multi-disciplinary teams for case staffing, development of shared data bases, streamlining policies, and other such activities to promote the delivery of services from a client-centered perspective.

STAKEHOLDER INTERACTION

Stakeholder Comments:

- *No system will work if it doesn't have true, meaningful input by the people who use it.*
- *Provide a method whereby the public can post questions and comments on a web page for DSHS' response.*

Department Activities: DSHS designed Internet pages, posted the Olmstead Plan and related documents and updates, and provided a means of web-based communication between DSHS and stakeholders. This is in addition to participation in multiple consumer and stakeholder meetings where input is given, seeking advice from numerous consumer task forces and advisory groups, and hiring an Olmstead Coordinator who works specifically with individuals with disabilities, families and advocates, and activities that promote community living.

COORDINATION

Stakeholder Comments:

- *Divisions and programs within DSHS need to coordinate better to serve clients who need to access services across division lines.*
- *The plan should incorporate more cross-system collaboration to address the needs of those individuals who fall through the cracks.*

Department Activities: Activities emphasize coordination between DSHS administrations and divisions, as well as between DSHS, the Department of Transportation, the Office of Community Development, and the Department of Veterans Affairs.

SYSTEMS CHANGE GRANTS

Stakeholder Comment: *DSHS should aggressively seek additional funding to promote "Olmstead".*

Department Activities: DSHS continues to apply for federal grants to fund system changes that promote the intent of the Olmstead decision. In addition to the following grants, individual agency reports describe a number of related grant-funded projects:

- \$50,000 Start-up Award. DSHS was awarded this grant in June 2001 and extended in March 2002 to use for planning purposes in the application of the Systems Change grants.

- Nursing Home Transition Grant. The Aging and Disability Services Administration was awarded this grant to transition younger people with disabilities, including developmental disabilities, from nursing facilities to the community.
- The Real Choice Systems Change Grant. DSHS and a consumer task force worked together to develop a proposal for this grant. The grant, called the Community Living Initiative, has been awarded in the amount of \$1,385,000 to improve community services by changing the systems that help people move from institutions to community-based settings.
- For more information on these and other individual grants, see agency reports or email the Olmstead Coordinator at cochrca@dshs.wa.gov, or telephone (360) 902-8271.

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AGENCY REPORTS

AGING AND DISABILITY SERVICES ADMINISTRATION

The new Aging and Disability Services Administration is made-up of the former Aging and Adult Services Administration and the Division of Developmental Disabilities. The two populations have many services described in this plan that are similar and some services that are distinctly different. The following are descriptions of current services and activities by Aging and Adult and by Developmental Disabilities.

AGING AND ADULT

Aging and Adult services include long-term care programs and services for people over the age of 18 with functional disabilities. These programs and services are offered in a variety of settings. The Aging and Disability Services Administration has spent the last ten years developing alternatives to nursing facility placement for the people they serve.

CURRENT SERVICES THAT FURTHER THE INTENT OF OLMSTEAD

In February 2001, less than 13,500 clients lived in nursing facilities statewide (down from 17,500 in 1994) and approximately 31,000 clients were served in the community.

PERSONAL ASSISTANCE SERVICES

Personal assistance services are provided through agencies or individual providers. The individual provider services are flexible, and people with disabilities have the ability to hire and fire the provider. Family members may be paid as individual providers. Trainings are mandatory for all providers, including a two-hour orientation training, 22 hours of basic personal assistance services training paid for by the Aging and Disability Services Administration, and 10 hours of continuing education. Background checks are mandatory for all providers. There are approximately 8,896 clients using agencies and 14,067 clients using individual providers.

ADULT FAMILY HOMES

Adult family homes are licensed to care for up to six people in a private home setting with staff available 24 hours a day. They provide room, board, laundry, necessary supervision, personal care, social services, and assistance with activities of daily living. Some provide nursing care. There are approximately 3,259 clients statewide in adult family homes.

ADULT RESIDENTIAL CARE

Adult residential care facilities are licensed boarding homes. They provide room and board and help with medications and personal care. Residents may have limited supervision. Enhanced Adult Residential Care facilities offer these services as well as limited nursing care. Approximately 1,320 clients reside in Adult Residential Care facilities.

ASSISTED LIVING FACILITIES

Assisted living facilities are small studio-like apartments with a private bath and small kitchenette. Congregate meals, laundry, personal assistance services, and limited nursing services are offered. There are approximately 3,265 clients receiving services in assisted living facilities.

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

The Program of All-Inclusive Care for the Elderly (PACE) is currently provided by Providence ElderPlace to approximately 144 King County residents who require nursing facility level of care. The PACE team delivers a comprehensive service package which includes all medical and long-term care services. Most of these services are provided in the PACE day center or in the client's home.

THE ASSISTIVE TECHNOLOGY PROGRAM

The Assistive Technology Program, a limited state funded program, began five years ago to assist clients who have no other funding source to obtain assistive technology. This program funds evaluations, short-term training, and assistive technology services and devices.

NURSE DELEGATION

Nurse delegation provides nursing services in a community setting. Registered Nurse Delegators can delegate nursing care tasks to nursing assistants, registered or certified, who provide care in adult family homes, assisted living facilities and boarding homes. Many

disability organizations support the expansion of Nurse Delegation into the home setting. The Aging and Disability Services Administration supports this concept.

CASE MANAGEMENT SERVICES

Case Management Services are provided for all eligible clients in all settings, and include:

- Comprehensive Adult Assessments and at least an annual reassessment to identify the needs of clients, and inform clients of available options; and
- A plan of care developed by the case manager and client/family to assist the client in transitioning from a nursing facility, or to maintain services in other settings, such as their own homes.

SELF-DIRECTED CARE

Self-directed care was implemented in home settings in February 1, 2000. It provides an opportunity for people with functional disabilities who live in their own homes to direct health-related tasks they could do for themselves if they were physically able. Case management staff informs clients, regardless of their current living setting, of this option during assessments and reassessments. This gives the client and the social worker the opportunity to put a plan together for the client to stay in, or transition back to, his/her own home. Currently, there are approximately 600 clients statewide who self-direct their care.

ADDITIONAL SERVICES

Services, in addition to personal assistance services provided under the COPES Medicaid Waiver, include minor home modification, specialized medical equipment, adult day care, home delivered meals, client training, case management, limited transportation, personal emergency response system and nursing expertise.

CURRENT PROPOSALS

The Aging and Disability Services Administration is striving to develop programs and services that optimize choice and increase independence for people with disabilities.

COPES WAIVER – MEDICALLY NEEDEY PROGRAM

Stakeholder Comments:

- *Expand COPES to cover independent living.*
- *Nursing homes should be treated as institutions.*

Department Activities: The Aging and Disability Services Administration plans to implement legislation that provides an opportunity for people who qualify for the Medically Needy

program to receive COPEs services in community settings. Federal approval of the waiver, however, has been delayed in 2002.

Performance Measure:

Number of people served during FY 2002

Status 7/01/02:

Federal waiver submitted, 2001. Waiver approval/implementation delayed, 2002

COPEs WAIVER – EXPANDING SERVICE SETTINGS

Stakeholder Comments: *People with disabilities want choices, including the choice to fully participate in their community.*

Department Activities: The Aging and Disability Services Administration renewed the COPEs waiver and amended rules to allow personal assistance services to be provided outside the home setting. This will allow people with disabilities to receive services at school, the workplace, and during recreational outings. The Aging and Disability Services Administration will draft a management bulletin to formally notify staff that COPEs personal care services are available outside the home, as long as these services are documented in the service plan.

Performance Measures:

Rules adopted

Bulletin sent to staff

Status 7/01/02:

Expansion adopted, 2001

In process of implementation

PERSONAL ASSISTANCE RECRUITMENT AND RETENTION PROGRAM

Stakeholder Comments: *For many people, the biggest barrier to living in the community is the shortage of reliable, trained caregivers.*

Department Activities: The Aging and Disability Services Administration will implement the Personal Assistance Recruitment and Retention (PARR) Program, which was funded this year through a federal grant. This three year pilot program will allow the state to contract in two pilot areas to actively recruit personal assistance providers and to develop a network to link them with people with disabilities. For information on this and other grants, email the Olmstead Coordinator at cochrca@dshs.wa.gov, or telephone (360) 902-8271.

Performance Measures:

Requests for proposal sent

Contracts awarded

Status 7/01/02:

Requests for proposals sent 2001

Two contracts awarded (Snohomish County and rural E. Washington); goal is recruiting/screening providers for 500 people and education/training on hiring and retention of home care workers

AGING AND ADULT COLLABORATION WITH MENTAL HEALTH DIVISION

Stakeholder Comments: *The programs within the department need to work together effectively to serve clients with needs that cross division lines.*

Department Activities: Aging and Adult services will meet monthly with the Mental Health Division (MHD) to discuss and assess patients in state hospitals who may no longer need state hospital level of care.

Performance Measure:

Number of meetings in FY 2002

Status 7/01/02:

Regular collaborative meetings continue, 2002

Aging and Adult staff participate in a steering committee related to the relocation of residents from the state psychiatric hospitals to community settings. Committee representatives include Regional Support Networks (RSNs), the Division of Alcohol and Substance Abuse (DASA), community hospitals, residential providers, consumers and advocates, and the state hospitals. Weekly communication is ongoing between Aging and Adult services and MHD. The following are some of the results:

- A Contract with Washington State University for pharmacist interns to make home visits to community residences of individuals relocating from Eastern State Hospital for the purpose of stabilizing medications. A similar contract is under development with the University of Washington to provide the same service for individuals relocating from Western State Hospital.
- A limited number of providers, including nursing homes, boarding homes, and adult family homes have expressed interest in providing residential care to geriatric individuals relocating from the state hospitals. Several others have been contacted, but declined, and efforts to recruit providers continue.
- Negotiations are underway with the RSNs to determine the services they will provide through regular contracts with Mental Health programs for the individuals identified as relocating to community settings. An additional contract to purchase additional services through funds allocated by the legislature has been drafted.
- Aging and Adult staff, in collaboration with MHD and the Medical Assistance Administration (MAA), applied for a grant through the Center for Health Care Strategies (CHCS) to develop enhanced support services for persons transitioning from state hospitals, as well as 80 additional individuals currently living in the community who are at risk of institutionalization. The grant was not awarded. Efforts are underway to find other funding sources to provide this additional support for individuals in community settings.

- The Aging and Disability Services Administration changed a policy relating to the discharge of residents in state hospitals to long term care settings by shortening timeframes during which a Comprehensive Assessment must be completed for individuals who may be discharged.

FEDERAL GRANT OPPORTUNITIES

The Aging and Disability Services Administration and other DSHS Administrations applied for federal grants designed to assist states and the disability and aging communities to work together to find viable ways to expand services that promote fuller and self-directed lives in the community.

- State Innovations Grant, Consumer Choices: This proposed grant will enlist 200 interested, eligible enrollees to participate in a pilot area. Each participant will receive a cash benefit equivalent to what they would have received under other programs, will have the freedom to design their own service package, and will have the option to revert to the other Medicaid programs at any time. For more information about this proposal, email the Olmstead Coordinator at cochrca@dshs.wa.gov, or telephone (360) 902-8271.

Performance Measures:

Application submitted for Real Choice Grant, the Nursing Facilities Transition Grant, and a State Innovations Grant, Consumer Direction

Status 7/01/02:

Real Choice Systems Change Grant awarded 2002; Nursing Facilities Transition funded at \$750,000; State Innovations Grant, Consumer Direction, submitted 2002

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DEVELOPMENTAL DISABILITIES

CURRENT SERVICES THAT FURTHER THE INTENT OF OLMSTEAD

RESIDENTIAL HABILITATION CENTERS (RHC)

The Developmental Disabilities staff met with each person currently living in an RHC and their family or guardian, to determine if the person would prefer living in a less restrictive setting. In all, 1,100 people were interviewed.

Approximately 80 people wanted to transition to the community initially. Currently, 54 people continue to be interested and want to complete the planning process. Individuals, families and guardians, who want to move are offered the opportunity to self-direct their services if they would like to. Each person contemplating a move will have an opportunity to visit residential and employment options prior to moving.

Olmstead coordinators have been appointed and trained at each state institution and at each regional office to coordinate the Olmstead process. Procedures are in place to help assure that a consistent process is used for each person moving. The first moves took place in November 2001.

The Developmental Disabilities staff has implemented a quality assurance process to follow up with people who move to the community, determine their satisfaction with the move, and see that health and safety issues are being met. This process includes volunteers including self-advocates, parents and others.

HOUSING

The Developmental Disabilities program currently supports over 4000 people in its residential programs. About 86 percent live in homes that they rent or lease. Developmental Disabilities services do not provide housing for these individuals – the individuals are paying for their own residence. If a person is unable to pay rent for a short time due to unforeseen circumstances, the program pays a non-facility allowance so the person can continue to maintain and live in his/her home.

The legislature has been providing special trust housing funds for people with disabilities for the past three biennium. These funds are administered by the Department of Community, Trade and Economic Development (DCTED). At the state level, the Developmental Disabilities residential program manager works closely with DCTED and the Department of Housing and Urban Development (HUD) to allocate these funds. Locally, the Developmental Disabilities resource managers work with local housing authorities and developers to increase interest in applying for funding to develop affordable, accessible housing.

CURRENT PROPOSALS

TRANSITIONING FROM RESIDENTIAL HABILITATION CENTERS

Stakeholder Comments:

*Everyone deserves the opportunity to live in the community.
People who want to stay in the RHCs should not be forced to move.*

Department Activities: The Aging and Disability Services Administration will continue to use the protocols developed earlier to determine if RHC residents would prefer to live in the community. This will be done annually as each Individual Habilitation Plan (IHP) is reviewed and revised.

Performance Measures:

Number of interviews performed
Interviews as a percentage of RHC residents

Status 7/01/02:

1077
100%

TRANSITIONING FROM NURSING FACILITIES

Stakeholder Comments:

- *Help those who want to get out of institutions, nursing facilities and group homes. They have the right to live on their own.*
- *DSHS needs to address how nursing home residents with developmental disabilities will be asked if they desire to move, who will conduct the assessments, and how services will be provided if it is determined the person wants to move.*
- *The lack of cross-system collaboration is a barrier to people with disabilities.*

Department Activities: The Aging and Disability Services Administration is identifying people with developmental disabilities who live in nursing facilities and wish to move to less restrictive settings.

- Staff will continue to identify the people in nursing facilities who are served by the Division of Developmental Disabilities.
- Developmental Disabilities and Aging and Adult staff will work together to determine which of these people, according to their treatment teams, may benefit from moving to less restrictive environments.
- Case managers will use the protocols developed in the initial planning to ask the people identified, and/or their families/guardians, if they are interested in moving to a less restrictive community residence.
- Once funding is available, the people planning to move and/or their families/guardians will be given an opportunity to visit different residential and employment opportunities. After a person chooses where he/she wants to move, and the move is complete, there will be a series of quality assurance follow-ups.

Performance Measures:

Number of clients identified
Number of clients identified
by Case Resource Managers
Number who want to move
to less restrictive settings
Budget request prepared

Status 7/01/02:

500 people identified in 2001, continuing
50 – 60 people and this is continuing

Current information yet to be determined

If budget request is made, it will be based
on data currently being collected

REDUCING STATE HOSPITAL STAYS AND DIVERTING ADMISSIONS

Stakeholder Comments:

Needs may change over time, so the system needs to support the person where he/she is at the time without institutionalization or re-institutionalization.

The lack of cross-system collaboration is a barrier to people with disabilities.

Department Activities (1): The Aging and Disability Services Administration will continue to work with the Mental Health Division (MHD) to transition people with a dual diagnosis of developmental disability and mental illness from state hospitals to less restrictive settings. Each person must be deemed ready to move by his/her treatment team. Approximately 18 people who have a dual diagnosis will transition into the community from state hospitals during the next biennium.

Performance Measures:

Number of people transitioned
Number of people transitioned
as a percent of those identified

Status 7/01/02:

16
100%

Department Activities (2): The Aging and Disability Services Administration, in collaboration with MHD, will provide clinical cross-system training for the Developmental Disabilities residential providers. Training will focus on developing cross-system crisis plans with multiple steps to support individuals in the community, and using assessment tools for indicating major mental illness in persons with developmental disabilities.

Performance Measures:

Number of training events
Number of providers in attendance

Status 7/01/02:

20
1,007 individual/group providers

Department Activities (3): The Aging and Disability Services Administration will work to divert admissions to state hospitals by:

- Continuing to contract with the Regional Support Networks (RSNs) and/or providers for enhanced crisis services, diversion beds, and medication management; and
- Collaborating with MHD and the RSNs to review state hospital admissions of people with a dual diagnosis to determine what, if any, additional community services might have diverted the admission.

| <u>Performance Measures:</u> | <u>Status 7/01/02:</u> |
|--|------------------------|
| Number of beds in RSN and provider contracts | 32 |
| Number of new diversion beds | 18 |
| Number of crisis stabilization enhancement contracts | 14 |
| Number of medication evaluations/medication monitoring contracts | 6 |

HOUSING AND TRANSPORTATION

Stakeholder Comments:

- *Affordable housing and reliable, accessible transportation are crucial to living successfully in the community.*
- *DSHS needs to assess access to shopping, church, etc. and include transportation in assessment checklists.*

Department Activities (1): Olmstead coordinators and case managers will help each person transitioning to the community to evaluate proposed residences for affordability and accessibility as well as the availability of transportation. The person moving must be able to afford their new residence and be able to carry out their normal activities of going to work, shopping and visiting friends.

Department Activities (2): Staff will continue to participate with DCTED in bi-annual sessions to review housing applications involving the Special Housing Trust Fund. Staff will review the supportive service plans submitted by sponsors who are requesting HUD funding through the Section 811 program to develop housing for people with developmental disabilities.

| <u>Performance Measure:</u> | <u>Status 7/01/02:</u> |
|--|------------------------|
| Number of units added from the Special Housing Trust Fund. | 72 |

Department Activities (3): The Aging and Disability Services Administration will continue to participate in the cross program transportation planning committee. This committee develops state level transportation policy and works to influence local planning and policy development.

SELF-DIRECTED SERVICES

Stakeholder Comments:

- *Give people a choice about how to spend support money. People with disabilities and/or their families need to determine priorities.*
- *Treat people with respect in the decision-making process. Appreciate what people have to offer. Encourage their decision-making abilities.*

- *Make training in decision-making and problem-solving accessible in order to increase the person's ability to manage their own services and funding.*
- *Think about priorities, take the dignity of risk and change the system.*

Department Activities: For the past few years, consumers, stakeholders, and the Developmental Disabilities programs have worked together to create a vision for an improved service system. The outcome is a system that puts people with disabilities in control of their services.

The Administration plans to offer people who transition to the community as a result of the initial planning an opportunity to participate in managing and self-directing their services. The Developmental Disabilities program has identified four main steps to help participants succeed in a consumer-driven system:

- Provide information and training so consumers and their representatives know how to choose and direct their own services, and have the necessary systems to do so.
- Develop and implement a quality assurance system that is responsive to consumer needs.
- Change the internal structure of how the system responds to consumer choice.
- Create a method for teaching and helping people to manage their own budgets.

This process is in the early stages of planning but will give people additional control over spending and services. This is one step the Administration is taking to test the mechanisms of self-directed services and is a major piece of the system change envisioned.

Performance Measures:

Number of people offered opportunity to participate

Information and training provided

Method developed to teach and help people with their budgets

Status 7/01/02:

54

Advisory Committee developed policy and information

Yes, Personal Agents and Case Managers are being trained

QUALITY ASSURANCE

Stakeholder Comments: *DSHS needs to address quality assurance and consumer protections available to those moving from institutions to the community.*

Department Activities: The Aging and Disability Services Administration has developed a quality assurance (QA) process that will be implemented for people transitioning as a result of Olmstead planning. The process includes using a QA team, including at least one volunteer/peer, to review consumer satisfaction with the placement. QA follow-ups will occur at intervals determined by the case manager, but not less than 30 days, 90 days, and one year after placement; and annually thereafter.

Performance Measures:

QA Process developed

Status 7/01/02:

Yes

QA process implemented

Yes, going very well

FEDERAL GRANT OPPORTUNITIES

The Aging and Disability Services Administration worked with the consumer task force and other DSHS administrations to apply for the Real Choice Systems Change Grant.

Performance Measure:

Number of grants

Status 7/01/02:

Real Choice Systems Change Grant
awarded 2002

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MENTAL HEALTH DIVISION

The Mental Health Division (MHD) operates a system of care for people with mental health needs of all ages.

CURRENT SERVICES THAT FURTHER THE INTENT OF OLMSTEAD

REGIONAL SUPPORT NETWORKS

MHD contracts with 14 Regional Support Networks (RSNs) for community-based services. The RSNs offer an array of services including assessment, service definition and planning, support, and monitoring. RSNs manage the local resources for crisis assessment and intervention, treatment, housing, medication management, and other needed services. The RSNs also provide authorization for inpatient services.

PLAN OF CARE

The RSNs are responsible for crafting a plan of care and services to meet the mental health needs of the people in their local communities. This includes pairing mental health resources with the resources of other community systems into an organized plan that addresses all aspects of an individual's life. These partnerships occur with other DSHS divisions and administrations including Developmental Disabilities, Alcohol and Substance Abuse, Vocational Rehabilitation, Children and Family, Aging and Adult, Juvenile Rehabilitation, and others. Outside of DSHS, partnerships occur with the Department of Corrections, Department of Health, local schools, local juvenile facilities, advocacy groups, and others. The aim is to combine efforts and resources to help people recover and succeed in their home community.

IMPROVED COORDINATION

MHD has been working to improve services for people with a dual diagnosis of developmental disability and mental illness by:

- Completing working agreements between Developmental Disabilities Regions and fourteen RSNs to improve crisis/treatment/discharge planning between the Aging and Disability Services Administration and MHD.
- Designing a data cross-system that allows Western State Hospital staff and the Aging and Disability Services Administration to share information about clients. Hospital staff can quickly determine if new admissions are enrolled with the Developmental Disabilities program and, if needed, start the eligibility process for individual services.
- Negotiating enhanced crisis contracts with RSNs and mental health providers to develop cross-system crisis plans that include multiple steps prior to calling the crisis line.

- Participating with the Aging and Disability Services Administration in the development of 18 statewide diversion beds.

CURRENT PROPOSALS

TRANSITION PEOPLE FROM STATE HOSPITALS

Stakeholder Comments:

- *People with disabilities deserve the opportunity to live and take part in their community.*
- *The plan should incorporate more cross-system collaboration to address the needs of those individuals who fall through the cracks.*

Department Activities: MHD plans to transition approximately 120 people from state psychiatric hospitals by June 2003. MHD will:

- Develop, train and operate community support teams to work with long-term state hospital residents before and after their return to the community. This team of professionals will:
 - Become familiar with the people who may move from the state hospital program to the community;
 - Assess their strengths, preferences and needs;
 - Arrange a safe, clinically appropriate, and stable place for them to live;
 - See that medical, behavioral, and social services are in place; and
 - Monitor individual progress on an on-going basis.
- Provide choices and arrange for community residential, mental health, and other support services for long-term state hospital patients whose treatment needs would be better served by community placement.
- Develop support strategies to reduce the use of state and local hospitals for short-term crisis stabilization services. Strategies may include training and technical assistance for community long-term care and substance abuse providers, developing diversion beds and stabilization support teams.

Performance Measure:

Number of the 120 moved out of state hospitals into alternate settings

Status 7/01/02:

30 people transitioned to community settings as of July 2002

REDUCE STAYS AND DIVERT ADMISSIONS

Stakeholder Comment:

The plan should incorporate more cross-system collaboration to address the needs of those individuals who fall through the cracks.

Department Activities: MHD will meet with staff from other programs within DSHS in an effort to lessen or divert institutionalization of people with multiple disabilities. MHD will:

- Explore the development of diversion beds and stabilization support teams with the Aging and Adult staff, RSNs and Western State Hospital (WSH) staff.
- Meet regularly with Developmental Disabilities staff, RSNs and WSH staff to review hospital admissions of people with a dual diagnosis to determine what, if any, additional community services might have diverted the admission. Meetings may also include staff from Home and Community Services, Aging and Disability Services Administration, Community Services Offices (financial eligibility), DASA, providers, advocates and family members.
- Work with the Aging and Disability Services Administration to devise and implement strategies to reduce the use of state and local psychiatric hospitals for short-term stabilization of people with dementia and traumatic brain injuries.
- Meet with the MHD/Developmental Disabilities cross-system committee every other month to review issues regarding state hospital admission, treatment and discharge of patients with developmental disabilities.

Performance Measures for all efforts:

New discharge policies adopted

Reduction in average length of stay in state psychiatric hospitals for Developmental Disabilities clients

Reduction in average length of stay in state psychiatric hospitals for Aging and Adult clients

Status 7/01/02:

Currently being rewritten to meet new contract term

Average length of stay 1st qtr.1999, 162.63 days; decreased to 144.5 days in 2001 at WSH

Average length of stay 1st qtr.1999, 387.9 days; increased to 497.09 days in 2001 at WSH

INCREASE COMMUNITY SERVICES

Stakeholder Comments:

- *RSNs need adequate funding to do the job.*
- *The mental health system has an institutional revolving door. People are often unsuccessful in the community after leaving hospitals.*

Department Activities: MHD will negotiate performance-based incentive contracts with RSNs that have the most viable plans for providing appropriate community support services for significant numbers of people from their area who would otherwise be served in the state hospitals.

CROSS-SYSTEM TRAINING

Stakeholder Comments:

- *A person's needs may change over time, so the system needs to support the person where he/she is at the time without institutionalization or re-institutionalization.*

- *Systems in the state need to work together toward one goal - to help those in need and one another.*
- *Improve crisis response for people with disabilities to avoid institutionalization and re-institutionalization.*

Department Activities (1): MHD will provide clinical cross-system training with the Developmental Disabilities program for residential providers. Training will focus on developing cross-system crisis plans that provide multiple steps to support individuals in the community, and using assessment tools for indicating major mental illness in persons with developmental disabilities.

Performance Measures:

Number of training events

Status 7/01/02:

Behavioral Health Conference, 2x per year, Dr. Richard Powers Workshop on working with difficult situations in a long-term care setting

Number of providers in attendance

150 DD providers at each conference;
150 participants in Dr. Powers workshop;
The Aging and Adult program and MHD are developing additional training opportunities r/t crisis services, cross-system crisis plans

Department Activities (2): MHD and the Aging and Disability Services Administration will collaborate to develop a training curriculum for long-term care providers to avoid and manage behaviors that might otherwise result in psychiatric hospitalizations.

Performance Measure:

Curriculum developed

Status 7/01/02:

Completed

Department Activities (3): MHD will apply for an Olmstead grant of \$20,000 per year for three years to provide cross-system training with the Aging and Disability Services Administration for residential providers. Training would focus on how the systems work together, the correct use of the crisis line, and steps to resolve issues before they become a crisis.

Performance Measure:

Grant application submitted

Status 7/01/02:

Completed – grant received Aug. 2001

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DIVISION OF ALCOHOL AND SUBSTANCE ABUSE

The Division of Alcohol and Substance Abuse (DASA) develops and conducts a comprehensive program of alcohol and other drug prevention, treatment, and shelter services for residents of Washington State.

People with chemical dependency are at greater risk of institutionalization due to the behaviors caused by intoxication and withdrawal. People diagnosed with both chemical dependency and mental illness are at special risk. Between 40-60 percent of the patients admitted to state psychiatric hospitals have a substance abuse diagnosis.

DASA's total annual budget is \$110 million, of which \$30 million is federal block grant funding. More than 95 percent of DASA funding is contracted through county governments, tribes, non-profit agencies and other entities.

State and federal funding requirements give priority for treatment and intervention services to the following populations: pregnant and post-partum women and families with children; families receiving Temporary Assistance for Needy Families (TANF); Child Protective Services referrals; youth; injection drug users, and people with HIV/AIDS. In addition, DSHS Administrative Policy 7.01 requires the delivery of necessary social and health services, including chemical dependency services, to American Indians.

CURRENT SERVICES THAT FURTHER THE INTENT OF OLMSTEAD

STATEWIDE SERVICES

Residential treatment services to adults, youth, and pregnant women are contracted directly with certified agencies to provide services on a statewide basis. Outpatient treatment services are contracted through counties. Funds are allocated to counties according to agreed-upon formulas, which are based largely on population. Each county submits a biennial plan for services in that county before receiving a contract.

CONTINUUM OF CARE

DASA's objective is to provide a continuum of care at minimum cost and acceptable effectiveness in rehabilitating people with alcoholism and drug addiction. The program is designed so that clients can access services at many points in the continuum, appropriate to their level of need. Basic treatment services include:

- Diagnostic evaluation
- Alcohol/Drug detoxification
- Outpatient treatment
- Methadone treatment for drug addicts
- Intensive inpatient treatment
- Recovery house
- Long-term residential care
- Involuntary treatment of alcoholics
- Youth residential treatment
- Youth outpatient treatment

DETOXIFICATION RESOURCES

In addition to the publicly funded treatment services, DASA provides \$6 million per year to contractors to provide detoxification and crisis triage services. These frontline services can direct substance-abusing patients toward community-based substance abuse resources and thus avoid unnecessary institutionalization.

PREVENTION AND PUBLIC EDUCATION

DASA directs funding to activities designed to reduce the incidence of substance abuse among Washington's youth. DASA supports a variety of preventive services in each county, including:

- School-based K-12 substance abuse curricula
- Children of alcoholics/drug addicts education and support program
- Peer support programs
- School staff, intervention team programs
- Student assistance programs
- Cross-age teaching models
- Community-based parent training
- Community task force development
- School and community task force training
- Early childhood prevention models

Community and statewide prevention efforts for adolescents and younger children are designed and implemented based on estimates of risk. Risk is assessed according to risk factors that have been shown to predict future substance abuse. Strategies are selected that reduce risk or increase known protective factors among at-risk youth.

DASA also coordinates with higher education and campus-based groups to organize drug-free campus model programs, and works with private industry, particularly small and medium-sized businesses, to effect drug-free work place programs. Some of the target groups are preschool and elementary students, parents of small children, pregnant women, community youth organization members, children of chemically dependent parents, school drop-outs, and children exposed to illegal drug use and/or alcohol.

CHEMICAL DEPENDENCY INVOLUNTARY TREATMENT PROGRAM

This program provides a secure unit to treat patients whose behavior makes them too difficult to treat in other substance abuse programs and are the most at-risk of institutionalization.

The Legislature approved DASA's request for an Eastern Washington facility, increasing the number of publicly funded involuntary treatment beds from 115 to 150 statewide. This facility was proposed by the Olmstead Workgroup to serve as an alternative to Eastern State Hospital for patients living east of the Cascades.

CURRENT PROPOSALS

PEOPLE WITH ADDICTION AND MENTAL ILLNESS

Stakeholder Comments:

- *The mental health system has an institutional revolving door. People are often unsuccessful in the community after leaving hospitals.*
- *Divisions and programs within DSHS need to coordinate better to serve clients who need to access services across division lines.*
- *Improve crisis response for people with disabilities to avoid institutionalization and re-institutionalization.*

Department Activities: The current focus is on efforts to prevent inappropriate hospitalization of people with addiction and mental illness.

INTEGRATED TREATMENT

DASA will increase the availability of co-located chemical dependency counselors in mental health centers and adult and juvenile residential living centers to build more integrated treatment.

CRISIS TRIAGE EXPANSION

Currently there are Crisis/Triage (C/T) programs in King, Pierce, Grays Harbor and Yakima Counties. These programs assist individuals in crisis to de-escalate mental health and chemical abuse crises and provide assessment and triage services. C/T centers can prevent involuntary hospitalization and use integrated community resources. These programs are typically funded with a blend of DASA, Mental Health, and local resources. Local discussions are currently in progress in Spokane, Clark and Thurston Counties to develop new centers. Significant state and county budget cuts have limited the progress of these efforts. No new openings are slated for the next six months.

In addition to using ongoing funding to create these multi-function programs, there have been special funds appropriated by legislature to address issues of the gravely disabled. These one-time grants are intended to pilot programs working with those gravely disabled by their addictions. Three counties are using these approximately \$100,000 grants to enhance crisis triage functions in State Fiscal Year 2002:

- Thurston/Mason Counties has been awarded a grant to set up an emergency response service to provide transportation, detoxification/ stabilization, case management/outreach and treatment to approximately 285 clients and 75 family members. The services are directed at gravely disabled substance clients with an emphasis on methamphetamine addiction.
- Clallam County will be serving high utilizing patients with special emphasis on those with co-occurring disorders, methamphetamine addictions, those incarcerated, and those involved with Child Protective Services.
- Gray's Harbor County will be bringing in a full-time Chemical Dependency Intensive Case Manager to work in tandem with local mental health crisis staff, hospital emergency rooms, law enforcement, jails, courts, and Child Protective Services to stabilize gravely disabled alcohol and drug dependent clients and connect them to the appropriate resources. They hope to work with minimum of 20 clients.

Performance Measure:

Number of Crisis/Triage Centers

Status 7/01/02:

Three counties will enhance services. No additional programs scheduled to go on-line at this time.

TRAINING -- CO-OCCURRING DISORDERS ASSESSMENT AND TREATMENT

Due to significant budget cuts, the ability of DASA to fund training to frontline substance abuse and mental health workers will be extremely limited in the next year. This year DASA organized a multi-day conference on co-occurring disorders in April, but will not be providing funding for a conference next year. DASA also presented a one day Treatment Institute in June that included workshops on co-occurring disorders. Next year, DASA conferences will be limited to a prevention summit in the fall and a multi-day treatment institute in the spring. Initial planning for the treatment institute includes presentations on co-occurring disorders.

Training academies. DASA hospital staff trainings, and regional trainings have all been eliminated in the coming year.

Performance Measures:

Conference completed
Regional trainings completed
Academy completed
WSH staff training completed

Status 7/01/02:

Two conferences completed
Eliminated due to funding cuts
Eliminated due to funding cuts
Eliminated due to funding cuts

CO-OCCURRING DISORDERS INTER-AGENCY COMMITTEE

The Co-Occurring Disorders Inter-Agency Committee (CODIAC) is made up of representatives from DASA, Mental Health, RSNs, County Coordinators, and treatment providers from both fields. The Aging and Disability Services Administration will participate

with CODIAC to improve access to community services. CODIAC works to improve cross system collaboration for both youth and adults with co-occurring disorders.

COORDINATE WITH THE MENTAL HEALTH DIVISION

DASA will work with MHD to identify and divert patients with substance abuse diagnoses to DASA treatment in order to avoid psychiatric hospitalization.

DANGEROUSLY MENTALLY ILL OFFENDERS PROGRAM

This program, mandated by Substitute Senate Bill 5011, provides a wide array of support services, including mental health and chemical dependency services for inmates transitioning from Washington State prisons back into the community. Many of these prisoners are at risk of institutionalization at state mental hospitals, and coordinated services are necessary to prevent re-offense and involuntary commitment. DASA, MHD, and the Department of Corrections work with county level service provider systems to provide coordinated care. This program continues to work to place offenders in community services to avoid re-institutionalization and re-incarceration.

OTHER ACTIVITIES PROVIDED IN FISCAL YEAR 2001

SSI Client Treatment

For the second year, funding was provided for chemical dependency treatment for clients receiving Supplemental Social Security. A total of \$2.5 million in funds including federal Title XIX match, were provided to pay for additional alcohol or other drug abuse treatment of SSI clients for the 1999-2001 biennium. Based on preliminary results available in March of 2001 additional funding was made available to extend this project through the 2001-2003 biennium. A study of the pilot project indicated an annual savings of \$6,480 per person receiving chemical dependency treatment as compared to similar SSI recipients not receiving treatment. This study did not include a measure of reduced institutionalization in state psychiatric institutions, but other studies of similar populations have indicated that providing treatment significantly reduces inappropriate hospitalizations. Due to budget reductions, this program is not funded to continue.

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CHILDREN'S ADMINISTRATION

The Children's Administration (CA) provides services that promote children's safety, permanency, well-being and access to quality child care.

CURRENT SERVICES THAT FURTHER THE INTENT OF OLMSTEAD

CA has a variety of services available to families before an institutional placement is considered, including:

FAMILY RECONCILIATION SERVICES

The Family Reconciliation Services program provides crisis intervention to keep youth at home when there is a conflict in the family. This short-term service provides assessment of the family situation and may result in a referral to contracted services.

FAMILY PRESERVATION SERVICES

Family Preservation Services and Intensive Family Preservation Services provide contracted services to help families resolve the issues in their family that have led to a crisis between family members.

FOSTER CARE

Foster care provides a safe and stable living situation for children unable to live in their family home due to abuse and neglect or to the inability of the parent to manage the child's behavior.

BLENDED FUNDING PROJECTS

Several projects across the state partner with CA, with other DSHS divisions and community organizations to blend resources from multiple systems to serve children with high needs. An example of a blended funding project is the IVE Demonstration Waiver Project. This project serves children with the most severe behavioral and emotional disturbances, in partnership with the Regional Support Networks (RSNs).

THE CHILDREN'S HOSPITAL ALTERNATIVE PROGRAM

This program is specifically designed as a collaborative effort between the RSNs and CA to manage children with mental health issues outside a hospital setting.

THE BEHAVIOR REHABILITATION SERVICES

The Behavior Rehabilitation Services (BRS) program, formerly called group care, provides out-of-home care for children unable to function in a regular foster care setting. In recent years, the focus has changed to allow flexibility in serving this population and to facilitate placement in the least restrictive setting by offering a continuum of care within the program.

An Individual Service and Treatment Plan is developed for each child within the first 30 days of service. Family members are involved in the development of the plan.

An Individualized Service and Safety Plan is developed and reviewed every six months to examine the progress of the child and family.

Dependency reviews and permanency planning hearings bring each case to the attention of the court every six months. The court examines whether appropriate progress is being made and appropriate services are being offered.

The system is designed to ensure that children and families move smoothly and continuously toward the least restrictive placement appropriate to the child's needs. BRS contractors are expected to consider the child's need for supervision and structure at every point in service delivery, moving children through the levels of restriction in their own organization and then working with the child's family and community providers to move children to less restrictive community-based or family-based programs.

CURRENT PROPOSALS

NEW LEVEL OF CARE FOR CHILDREN AT RISK OF INSTITUTIONALIZATION

Stakeholder Comments:

- *Everyone deserves the opportunity to live in the community.*
- *Improve crisis response for people with disabilities to avoid institutionalization and re-institutionalization.*

Department Activities: CA is creating a new level of care for youth with behavioral and emotional problems who frequently exhibit violent and/or sexually assaultive behavior, and may have developmental disabilities and/or mental illness. These children are either transitioning from treatment in a Children's Long-Term Inpatient Program facility, released from incarceration with Juvenile Rehabilitation Administration, or at a high-risk of future institutionalization. All are involved with multiple systems and require a specialized

placement resource tailored to meet their needs. Currently, placement resources are developed on an individual basis, which can cause frustration and delays in securing an appropriate resource.

A workgroup has been set up to identify the characteristics and complex needs of these youth and create a new level of care with the appropriate structure, supervision, services, and size to better meet their needs. Multiple systems will be involved in developing a realistic model and working with local communities to accept such facilities in their neighborhood.

CA anticipates this new level of care will result in fewer mental health hospitalizations, less criminal activity, and less likelihood of harm to self or others.

Performance Measures:

Implementation plan developed
Number of youth in new level of care settings

Status 7/01/02:

Implementation delayed pending
recommendations from Select Committee

COORDINATE WITH THE MENTAL HEALTH DIVISION

Stakeholder Comment: *The programs within the department need to work together effectively to serve clients with needs that cross division lines.*

Department Activities: CA will coordinate with the Mental Health Division (MHD) in transitioning youth between mental health inpatient programs and CA residential programs, as follows:

- Develop an intra-agency agreement to clarify roles, responsibilities, and decision-making between the two systems.
- Work with mental health facilities to identify possible placement resources as soon as an approximate discharge date has been determined.
- Facilitate planning by the placement resource staff by encouraging and facilitating transition visits and intake interviews with the child/youth while still in the mental health facility.
- Obtain records of the child's services during hospitalization to aid in planning.
- Ensure that children do not leave the treatment setting without necessary medication and/or a prescription to last until medical services can be obtained in the new setting.
- Collaborate with the mental health facilities to ensure the discharge plan and the placement resource's services are compatible.

Performance Measure:

CA and MHD intra-agency agreement developed

Status 7/01/02:

Continuing to work on agreement

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MEDICAL ASSISTANCE ADMINISTRATION

The Medical Assistance Administration (MAA)'s mission is to maximize opportunities for people with low-incomes to obtain quality health care, and make fair, accurate and timely disability determinations.

MAA administers a variety of medical programs with various funding sources, eligibility standards and service coverage. MAA also administers the disability determination program for social security. The administration's biennial budget is \$5.8 billion, and it processes over 1.5 million medical provider bills per month.

CURRENT ACTIVITIES

ELIGIBILITY AND MEDICAL BENEFITS BOOKLET

Stakeholder Comments:

- *Do a better job of telling people about available programs.*
- *Currently programs are not very accessible because people don't know they are available.*

Department Activities: MAA has developed a booklet giving clients better information about fee-for-service client eligibility and available services. The booklet is on the MAA website and available by mail to clients in a variety of languages and formats as needed.

GRANTS AND PROJECTS

MAA participates in a variety of client advocacy grants and projects:

- **Healthcare for Workers with Disabilities – Medicaid Infrastructure Grant, funded by the Ticket to Work Legislation, P.L. 106-170.**
- **Medicare/Medicaid Dual Eligibles Outreach Coalition Grant**
- **Dual Eligibles Coalition – project is ongoing although the grant ended 9/01.**
- **Centers for Medicare and Medicaid Services (CMS) grant for Coordinating Enrollment between Medicaid and the Free/Reduced School Lunch Program**

CONSUMER PARTICIPATION AND CROSS-SYSTEM COLLABORATION

Stakeholder Comments:

- *Consumers need more voice/control.*
- *Improve attitudes and respect all people.*
- *State needs to really listen to people with disabilities.*
- *The plan should incorporate more cross-system collaboration to address the needs of those individuals who fall through the cracks.*

- *Agencies need to coordinate programs better. Current system stifles people with disabilities.*

Department Activities:

MAA continues consumer and stakeholder trainings and linkages with partners that support community living by improving access to services, supplies, and equipment. MAA meets with other administrations to make and implement policy decisions and rule-making on a routine basis. The following are examples of these activities:

| <u>ACTIVITY</u> | <u>TIMELINE</u> |
|---|---------------------|
| Ticket to Work Grant | June 2000 - present |
| Improving Asthma Management in Medicaid/BHP Grant | June 2000 - present |
| Consumer Assessment Satisfaction Survey & Living with Illness | 1999 - present |
| Improving Chronic Illness Care Grant | June 2000 - present |
| Medicaid/Medicare Integration Project | 1999 – present |
| Cancer Care Access Study | 1999 - present |
| Diabetes and Asthma Collaboratives Project | 1999 - present |
| SSI DASA Early Screening and Treatment Project | 1999 - 2003 |
| Community Care Coordination Project | May 1999 - present |
| Drug Utilization and Education Council Meetings | 1996 - present |
| Pacific Association of Medical Equipment Suppliers meetings | To present |
| Home Health and Home Care Association and LTC meetings | Ongoing - present |
| HIV/AIDS Consumer Advisor Group Meetings | 1996 - present |
| Children With Special Health Care Needs Quality Improvement Initiatives | 1996 - present |
| Developmental Disabilities Council | 1995 - present |
| Parent2Parent Advisory Committee | 1998 - present |
| Regional Coordinating Council/Advisory Committee (RCC/RAC)* | 1987 - present |
| Washington Coalition on Medicaid Outreach (WCOMO) | 1999 - present |
| Friends of Basic Health | |
| Migrant Health State Programs and Trainings | 1996 - present |
| Latino Health Caucus | 2001 - present |
| Healthy Options County Committees | 1993 - present |
| Client Education Subcommittees | 1993 - present |

*RCC is an inter-administration group, while the RAC is a community group.

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DIVISION OF VOCATIONAL REHABILITATION

The Division of Vocational Rehabilitation (DVR)'s mission is to enable people with disabilities to obtain and keep employment.

CURRENT SERVICES THAT FURTHER THE INTENT OF OLMSTEAD

While DVR staff are not directly involved in securing appropriate housing or residential placement for its participants, they work closely with other agencies and programs that are directly responsible in this area. For example, many of DVR's participants may need assistance finding housing or transportation or independent living services, and DVR serves as an information and referral point in the process. DVR may help with transportation, independent living, training, or other services that are included in a participant's Individual Plan for Employment.

DVR works collaboratively with other programs within DSHS, such as the Aging and Disability Services Administration, Mental Health Division, and DASA, since they frequently have participants in common.

DVR SERVICES

38 field offices statewide provide:

- Vocational assessment
- Treatment for physical and mental disabilities that impede employment
- Job preparation and training
- Job placement
- Job site analysis
- Rehabilitation technology
- Follow-up and employment support
- Help with independent living and transition from school to work.
- Technical assistance and staff education for business and industry

Participants work with a DVR counselor to design a program especially to meet their vocational needs.

THE INDEPENDENT LIVING PROGRAM

In addition to the Vocational Rehabilitation program, DVR has a small, separately funded Independent Living program that serves people who are not candidates for employment, but may be in the future. This program employs slightly less than five full-time employees, who are located in Regions 1, 2, and 3. These employees are "circuit riders" who travel about the region, providing assessments and services to individuals. A goal of this program is to work closely with the Aging and Disability Services Administration to identify qualified

Independent Living vendors, as well as to provide Independent Living services to people with disabilities for whom employment is not an option. These services include leveraging other public or private resources, providing assistance in hiring and training personal assistants, purchases of devices and services that help people live more independently, and diverting people from nursing home placement if it is possible for them to live in the community with support services.

LOCAL COMMUNITY PARTNERSHIPS

In addition to providing direct services, DVR also collaborates with community vendors who provide vocational and independent living services to program participants. DVR has contracts and agreements with state, county, and local programs and organizations to expand and enhance services for participants.

CURRENT PROPOSALS

Stakeholder Comments:

- *Vocational rehabilitation services are critical to clients leaving institutions and at risk of institutionalization.*
- *DVR needs to be more involved in the planning process.*

Department Activities (1): DVR is continuing to support the efforts of other programs that are directly involved in housing, transportation, and provisions of personal care.

Department Activities (2): DVR is continuing to work with staff from the Aging and Disability Services Administration and the Health and Rehabilitative Services Administrations to identify qualified Independent Living providers.

Department Activities (3): DVR will provide Independent Living services to 170 people with disabilities in Regions 1, 2, and 3 for whom employment is not an option. This may include direct provision of services by DVR Independent Living staff, information and referral services, and leveraging other public or private resources.

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WASHINGTON STATE AGENCY COUNCIL ON COORDINATED TRANSPORTATION

The Agency Council on Coordinated Transportation (ACCT) was created by the legislature in 1998 to promote the coordination of transportation for people with special transportation needs. As defined in statute, (Chapter 47.06 RCW) this means people “including their personal attendants, who because of physical or mental disability, income status or age are unable to transport themselves or purchase transportation”.

ACCT is structured in the following manner:

- A council of state agencies, transportation providers, consumer advocates, and legislators serves as the decision-making and oversight body.
- The Program for Agency Coordinated Transportation (PACT) Forum consists of representatives from all of the state programs that serve people who have special transportation needs. The PACT Forum carries out the work plan of ACCT and serves as an advisory committee to the council
- Communities select a lead agency to receive a coordination grant and technical assistance from ACCT. With the grant, they form community coalitions to design and implement coordinated transportation systems for people with special transportation needs.

Coordination means that transportation providers and the health and human service agencies that have clients with special transportation needs work together to improve transportation options and services. Coordination focuses on all aspects of providing transportation, including information, training, vehicles, facilities, call taking, scheduling, dispatching, funding, planning, data collection, maintenance, etc. Through coordination, communities will use existing resources to best advantage so they can provide more rides. In addition, they will create a process for identifying the needs for additional resources. This will give ACCT an important tool for targeting grants to areas of greatest need, documenting the need for increased funding, and organizing services to better meet the demand for transportation

One important feature of a coordinated community transportation system is single entry process for consumers, so that people seeking transportation options will not have to negotiate multiple systems in order to find the information and service they need.

CURRENT SERVICES THAT FURTHER THE INTENT OF OLMSTEAD

COORDINATION GRANTS

ACCT currently provides coordination grants to 21 counties. In the 1999-01 biennium, these counties developed special transportation needs community coalitions, conducted community inventories, and explored different models for coordinated systems. In the next biennium

these counties began to implement coordinated systems, increasing their capacity to provide rides for people with special transportation needs, and compete for grants.

PACT ACTIVITIES

The PACT Forum meets monthly to discuss and work on transportation issues that face communities and social and health service programs.

Through its PACT Forum collaboration, the WorkFirst Transportation Initiative funded seven Job Access projects in 2000 to help low income people and people with disabilities to get to work, child-care and work related activities. This initiative funded seventeen projects in 2001.

TECHNICAL ASSISTANCE

ACCT provides technical assistance to communities and state agencies and serves as an information clearinghouse for the coordination of special needs transportation. ACCT also advocates for the needs of those with special transportation needs.

ADVOCACY

ACCT advocates for special transportation needs with the legislature and local government.

State agencies have been requested, based on the requirements of Chapter 47.06 RCW, to promulgate agency coordination guidelines, providing a policy direction to coordinate at the state and community level to enhance special needs transportation.

INTERNET RESOURCES

The ACCT web site has listings and contact information on a variety of transportation resources within the state, including transit systems, the Medicaid brokers, Area Agencies on Aging, and transit ADA providers. This can help people to find potential transportation resources.

CURRENT PROPOSALS

AUTOMATED TRIP PLANNER

Stakeholder Comments: *People with disabilities need reliable transportation without the need for so much advance notice.*

ACCT Activities: With the Oregon Department of Transportation, ACCT will develop an Internet and GIS based automated trip planner. This will enable people in both states to go to a web site called TripCheck, enter their start point, destination, and special needs. The trip planner will display the transportation options that are available to meet their needs, along with information on costs and scheduling. The tool will be used by individuals as well as by case managers and service agencies.

LOCAL COORDINATED SPECIAL NEEDS TRANSPORTATION SYSTEMS

Stakeholder Comments:

- *Transportation services are not adequate, and are crucial for people with disabilities to live successfully in the community.*
- *Expanding transportation to rural areas would increase housing opportunities.*

ACCT Activities: Depending on funding in the 2001-03 budget, ACCT will fund the implementation of coordinated special needs transportation systems in existing ACCT counties, and provide funding for the 18 other counties to begin the coordination process.

As the currently funded community coalitions complete the coordination-planning phase, they will begin to implement the coordination model selected by the community. ACCT will continue to provide financial and technical support.

The 18 counties that are not currently receiving ACCT coordination grants would like to begin developing coordinated systems for their communities.

Once coordinated systems are in place, the following benefits are expected:

- More rides will be provided.
- A single entry process will enable people to easily access information and learn what transportation options are available to them and how to use each option.
- Many communities will use mobility managers to help people solve transportation problems.
- Communities will have the capacity to work with DSHS staff and individuals meeting the Olmstead criteria to identify housing and transportation options and provide appropriate transportation services.

DEVELOP AND IMPLEMENT STATE AGENCY GUIDELINES

Stakeholder Comments:

The lack of cross-system collaboration is a barrier to people with disabilities.

ACCT Activities: State agencies will develop and implement broad-based agency policies and guidelines that recognize special transportation needs as a service element needing both top level and field level coordination.

EXPLORE A MEDICAID WAIVER

Stakeholder Comments:

The lack of cross-system collaboration is a barrier to people with disabilities.

ACCT Activities: ACCT will support the Medical Assistance Administration in exploring a waiver that would allow the state to claim federal match for transportation services provided through the Medicaid brokers to people meeting the Olmstead criteria. This would include finding the state fund match for the potential services provided.

ENHANCE THE ACCT WEB SITE

Stakeholder Comments:

People with disabilities need reliable transportation without the need for so much advance notice.

ACCT Activities: ACCT organized the transportation resource section of its web site to include a map, which allows people to click on a county and find information on the public transportation resources available in the county, along with contact information.

ROBERT WOOD JOHNSON FOUNDATION GRANT

Stakeholder Comments:

The state needs more money for home care assistants, transportation, etc.

ACCT Activities: ACCT applied for a grant specifically to provide transportation for those who would be in institutions without such a service. The grant was not awarded.

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WASHINGTON STATE DEPARTMENT OF VETERANS AFFAIRS

The Washington State Department of Veterans Affairs (WDVA) has been proactive in assisting veterans to achieve the highest quality of life possible since its inception in 1977. As a result, the staff at both state veterans homes have assisted residents in succeeding in a community atmosphere. Those efforts include:

- Researching affordable housing in the community.
- Assisting residents in filling out applications for housing.
- Assisting in obtaining and transporting household items and furniture.
- Assisting in identifying all available resources in the community such as reduced cost bus passes.
- Identifying mental health and health care providers in the vicinity of relocation.
- Identifying housing suitable for the veteran's needs e.g. a sober environment for a veteran in recovery.
- Assisting the veteran in qualifying and receiving all entitlements such as VA pension, COPES, Medicare, etc.

In the community, the WDVA provides Veterans Community Service Coordinators who assist those already living in the community, including homeless veterans, in receiving each of the bulleted items above. These coordinators are located throughout Washington State.

FUTURE PLANS

EXPANDING SERVICES

The WDVA is looking to the future in providing more extensive and wide-reaching services to the veterans of Washington State. The agency's plans include additional Veterans Community Service Coordinators to reach more veterans throughout the state. The discharge planners at the two, and soon three, veterans homes will continue to expand their database of resources to assist veterans who choose to live in the community.

REHABILITATIVE SERVICES

The WDVA's Master Plan includes the conversion of the veterans home in Orting to a rehabilitative facility to assist veterans in obtaining independence. Although not all services have been identified at this time, the current plans include, but are by no means limited to, a clean and sober living situation for residents to re-enforce their lives in an alcohol and drug free environment. Counseling will be provided to assist them in success.

In addition, the agency anticipates providing the opportunity to learn new job skills and provide on-the-job training; classes and counseling on applying for, and interviewing for employment; medical services and classes to assist a veteran in overcoming health issues and

maintaining a healthy life style; mental health counseling; and household management, including budgeting.

The agency continues to develop relationships with state and community resources to expand its services and encourage a successful outcome to this project.

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APPENDIX A

DSHS BUDGET FOR OLMSTEAD ACTIVITIES

FY 2001 – 2003 Biennial Budget for Direct Olmstead Activities

The following budget items fund services and/or activities that facilitate Washington State's response to the Olmstead decision directly, whether by transitioning people from institutions, or enhancing or improving access to community programs to serve them.

\$ Millions

Aging and Adult Services

GF-S Other Total

COPES for Medically Needy

(\$0.5) (\$0.5) (\$1.0)

Provides the opportunity for Medicaid COPES to people on the Medically Needy Program. Clients can spend down to the maximum level and receive care in less restrictive settings than nursing facilities. Clients in nursing facilities become eligible to move to less restrictive settings. Funding includes \$6 million for AASA Community Residential Placements and case management \$1.6 million for MAA, and (\$8.6) million in savings from AASA clients transitioning from Nursing Facilities to Community Placements.

Division of Alcohol and Substance Abuse

Alcohol and Substance Abuse Treatment Facility

\$3.2 \$0 \$3.2

Funding is provided to establish a 35-bed involuntary treatment facility in Eastern Washington, to provide appropriate treatment to people who may be at high risk of state hospital institutionalization.

Developmental Disabilities

Transitioning People from RHC's to the Community

\$4.3 \$4.1 \$8.4

Funds are provided for up to 80 people with developmental disabilities who live in institutional settings and want less restrictive care, to transition into the community.

Mental Health Division

Expand Community Services

\$2.8 \$2.9 \$5.7

A total of \$5.7 million is provided to develop community residential and support services for people whose treatment needs constitute substantial barriers to community placement and who no longer require active psychiatric treatment in an inpatient hospital.

TOTAL \$9.8 \$6.5 \$16.3

FY 2001–2003 Biennial Budget for Existing Community Living Programs

The following budget items are new funds for community living programs that are Olmstead related services and/or activities, either for transitioning people from institutions, or enhancing or improving access to community programs to serve them.

\$ Millions

Aging and Adult Services

| | GF-S | Other | Total |
|--|-------------|--------------|--------------|
| Dementia Care Provides funding for exceptional care rates in community care facilities for approximately 60 people with Alzheimer's disease or related dementias who may otherwise require nursing home care. | \$0.75 | \$0.75 | \$1.5 |
| In-Home Nursing Services Provides skilled health providers for necessary self-care tasks that are above the home-care aid level for in-home clients. Assists clients in remaining at home, in less restrictive settings. | \$0.45 | \$0.45 | \$0.9 |
| Long-Term Care Training This funding is provided to improve the Long Term Care Training program, and increase the skills of caregivers for adults in home care, adult family homes and boarding homes. | \$0.8 | \$0.8 | \$1.6 |
| Long Term Care Worker Wages Funding is provided for a pay increase for low-wage workers who provide direct care for AASA long-term care clients. | \$13.8 | \$13.8 | \$27.6 |
| Home Care Worker Health Insurance Provides for the cost of the Basic Health Plan for eligible individual providers who provide MPC, COPEs and Chore. | \$0.7 | \$4.9 | \$5.6 |
| Vendor Rate Increase Funding is provided to increase overall vendor payments for home and community providers. | \$17.6 | \$16.9 | \$34.5 |

Division of Alcohol and Substance Abuse

| | | | |
|--|-------|-------|-------|
| Expand Outpatient Treatment Capacity Funds are provided to expand capacity for substance abuse treatment for people gravely disabled from drug and alcohol addiction. These people are at high risk of institutionalization. | \$0.0 | \$2.8 | \$2.8 |
| SSI Client Treatment Funding is provided for chemical dependency treatment for clients receiving Supplemental Social Security, diverting admissions to hospitals and/or nursing homes. | \$0.0 | \$2.9 | \$2.9 |
| Vendor Rate Increases Funding is provided to increase overall vendor payments by an average of 2.1% in FY 02 and 2.3% in FY 03. This will help to stabilize the current providers in their ability to serve clients. | \$4.6 | \$2.6 | \$7.2 |

Developmental Disabilities

| | | | |
|--|--------|--------|--------|
| Long-Term Care Training | \$0.8 | \$0.8 | \$1.6 |
| This funding is provided to improve the Long Term Care Training program, and increase the skills of caregivers for adults in home care, adult family homes and boarding homes. | | | |
| Increased Caseload | \$7.9 | \$8.1 | \$16 |
| The 2000 Caseload Forecast for the Medicaid Personal Care is adjusted to reflect the forecast adopted by the Caseload Forecast Council for the 2001-03 biennium. | | | |
| Long Term Care Worker Wages | \$5.8 | \$5.3 | \$11.1 |
| Funding is provided for a 50 cent per hour pay increase for low-wage workers who provide direct care for people with disabilities in their own homes, nursing facilities and community residential programs. | | | |
| Expand Respite Care | \$0.25 | \$0.25 | \$0.5 |
| Funding is provided to expand respite care at Yakima Valley School by six beds over the biennium depending on the number of vacancies that occur. In addition, funding is provided to improve the continuity of care from a respite stay back to the person's home. Nursing or other appropriate clinical staff will assist the family or other care givers with new ways to support the person in order to improve the stability of the living arrangement. | | | |
| Adult Family Home Rate Increase | \$1.4 | \$1.5 | \$2.9 |
| This funding provides rate increases paid to adult family homes for people with developmental disabilities, which will make it easier to find appropriate placements for clients. [Funding from AASA] | | | |
| Mental Health Hospital Outplacements | \$1.2 | \$1.2 | \$2.4 |
| Provides for the incremental costs in the 2001-03 biennium for 48 people with developmental disabilities who transitioned to communities from state psychiatric hospitals during the last biennium. (Mediated agreement – Allen v DSHS lawsuit) | | | |
| Home Care Worker Health Insurance | \$0.0 | \$1.0 | \$1.0 |
| Provides for the cost of the Basic Health Plan for eligible individual Medicaid Personal Care Providers. On average four providers enter the program monthly. | | | |
| Caseload Ratio Improvement | \$3.3 | \$2.6 | \$5.9 |
| Funding is provided to add 48 case managers for clients enrolled in the DD Home and Community Based Waiver, decreasing the caseload from one caseworker for each 108 people, to one caseworker for each 75 people. | | | |
| High School Transition | \$2.0 | \$0.0 | \$2.0 |
| Funding is provided for employment and training services for young adults with developmental disabilities who need assistance after high school graduation. These services are intended to assist with the transition to work and more independent living. | | | |

| | | | |
|---|---------|---------|---------|
| RHC Cottage Consolidation | (\$3.6) | (\$3.7) | (\$7.3) |
| An anticipated savings will be generated from the consolidation of cottages at the Residential Habilitation Centers (RHCs) as people transition to appropriate, less restrictive care settings. | | | |
| Vendor Rate Increase | \$13.2 | \$11.0 | \$ 24.2 |
| Funding is provided to increase overall vendor payments by an average of 2.1% in FY 02 and 2.3% in FY 03. | | | |
| Increased \$ for Autism Pilot Project | \$0.2 | \$0.0 | \$ 0.2 |
| Funding is increased for the Autism Pilot Project started in 1999. Total 2001-03 budget for the project is \$738,000. | | | |

Mental Health Division

| | | | |
|---|---------|---------|---------|
| Transition from State Hospitals | (\$3.1) | (\$5.1) | (\$8.2) |
| This savings will occur in state hospitals when approximately 180 people transition into appropriate, less restrictive care settings. | | | |
| Increased Community Caseload | \$24.3 | \$24.7 | \$49.0 |
| Based on the February 2001 projections adopted by the Caseload Forecast Council, an average of 797,000 children and adults will be eligible for Medicaid-funded community mental health services during the 2001-03 Biennium (9.7% increase in expenditures over the 99-01 budget). | | | |

Medical Assistance Administration

| | | | |
|--|---------------|---------------|----------------|
| Medicaid Buy-in Program | \$2.0 | \$2.0 | \$4.0 |
| People with disabilities who receive Medicaid benefits, will be able to return to work and buy-in to maintain Medicaid coverage if they choose to do so. | | | |
| TOTAL | \$94.3 | \$95.5 | \$189.8 |